Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/19/2013	Address:	710 BEECH ST.	
Incident #:	13ISPC012318		CLINTON, IN	
County:	VERMILLION		47842	
Type of Laboratory Seizure (check one)		Seizure Location	eizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): OPEN AIR	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s): OPEN AIR				
☐ Flammable Solvents: <u>KITCHEN</u>				
Water Reactive Metal (Lithium): <u>LIVING ROOM</u>				
Anhydrous Ammonia:				
Corrosive Acid: <u>KITCHEN</u>				
Corrosive Base: <u>KITCHEN</u>				
Other (ite	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ☐ No	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring: M	tions of home: clean disarray disarray ngth of time manufacturing had been HONTHS of tomation:	
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Health Depar	ent City, Township or County <u>CLINT</u> tment County: <u>VERMILLION</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>765-8</u>		
	ormation regarding this methamphetan Officer: PATTERSON Phone	nine laboratory, cont e <u>765-653-4114</u>	tact	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.